

Human rights and HIV in Europe, 2005

Preparatory work for the civil society forum

Dear Participant of the civil society forum,

On January 31st 2006 the civil society forum will convene for its next meeting.

This meeting will be entirely dedicated to the issue of human rights, in response to the request raised during the last meeting.

The desired outcome of this meeting would be a report that the civil society forum will make to the Think Tank of the European commission.

Representatives of DG Justice will most probably be present at the meeting and this would be an excellent occasion to draw their attention to the frequency and gravity of human rights violations against people affected or at risk of HIV/AIDS in many European countries.

Hence, it is important that this meeting is prepared in advance. A group of activists and participants with interest and expertise in the field of human rights have traced a preparation method that will, hopefully, lead us to the development of a factual and detailed survey on human rights violations initiated by community based organizations.

The above method consists of the following phases:

1. Identify a list of fields in which violations exist
2. Devise a preliminary questionnaire on which we kindly request your collaboration. The questionnaire aims to allow a detailed report of the human rights violations occurring in different moments in the history of infection, or within specific vulnerable groups
3. Compile the questionnaire results into a preliminary report to circulate to all NGOs and participants in the civil society forum
4. Lobby the participation of figures whose work intersects with human rights (i.e. DG Justice, Research, internal markets, external relations etc.)
5. Have a moderated discussion of the report, with input from participants and observers.
6. Present the draft report to the think tank that will convene one day after the civil society forum
7. Prepare a final report including commission and think tank members reactions.

Civil Society Forum participants are given up to six weeks to compile this preparatory questionnaire. During this period Country representative are requested to consult with other NGOs in the field of HIV/AIDS to allow a broad view of the matter. The direct contribution of PLWHA is of primary importance.

Given the complexity of the field, and the multitude of possible human rights violations, a standard questionnaire may not be the instrument to capture the situation.

Hence, we request a more active role from the NGOs which are to compile it. Questionnaires are divided into thematic areas.

1. Prevention
2. Counselling and testing
3. Living with HIV
4. Women and HIV
5. Men who have sex with men and HIV
6. Drug users and HIV
7. Mobile populations, migrants and ethnic minorities
8. Arrested persons and prison inmates
9. Sex Workers

For each area, participants are requested to annotate which violations exist in their countries, and with which frequency and gravity. In addition, for each such area, the addition of an example of the

more significant violations (even in anecdotal form) will be of great help. It will allow this document to move out of the dry area of graphs and figures to telling some of the difficulties of the HIV communities in Europe and its neighbours. The questionnaire may have missed issues that are present in your country. In this case, we would beg you to signal them, with the same method used in the previous areas. We would like to have an exhaustive report of HIV and human rights issues in each of the participating countries.

The questionnaires should be turned in within and no later than January 15th to allow time to compile a report and send it to participants in time for the meeting in the end of January. Please send the compiled questionnaire to: lital@esman.it.

Thank you in advance for your kind collaboration

Dadi Einarsson

Lital Hollander

Ton Coenen

Preparatory questionnaire working committee: Ronald Brands, Eszter Csernus, Mauro Guarinieri, Luis Mendao, Raminta Stuikyte

Scaling human rights violations

In the questionnaire participants will be asked to rate the frequency and severity of human rights violations. Both perception may largely differ and be highly personal. In order to ensure a high consistency of the report, scales for severity and frequency are provided below. The scales are far from being standard or shared, and are useful solely for the sake of correct interpretation of the results. In answering the questions, participants are requested to refer to these scales.

Severity of human rights violations

1. Slight: violations that are too minor to impair the person's physical or psychological wellbeing, but may be harassing or disturbing (i.e. delays in services, unnecessary bureaucracy etc.).
2. Moderate: violations that are too minor to impair the person's physical wellbeing, but may impair their psychological wellbeing in a way which does not interfere with health of sustenance (i.e. discriminatory campaigns, offensive press, discrimination at school etc.)
3. Severe: violations that may severely affect the liberty and psychological wellbeing of the person, with possible negative impact on health (i.e. mandatory testing, restrictions in healthcare, restriction on sexual behaviour)
4. Life threatening: violations that put the, liberty, health and life of the person at risk (i.e. exclusion from medical care and treatment, incarceration, deportation etc)

Frequency of human rights violations

1. Never: the participants and partners are not aware of existence of such violations
2. Rarely: Infrequent reports of violations (less than twice a year), or violations that affect an absolute minority of PLWHA or at risk of HIV
3. Sometimes: Reports of violations exist (3-4 times a year), or violations limited to some groups of PLWHA or at risk of HIV
4. Often: Violations are reported frequently (more than ten cases a year), or affect a significant proportion of PLWHA or at risk of HIV, or an entire group (i.e. women, drug users)
5. Normally: violations embedded in laws or regulations, or affecting all PLWHA or at risk of HIV

Name of person responsible for report / participant in next civil society forum meeting: Alessandra Cerioli
 Name of NGO: LILA (Italian League For Fighting AIDS)
 City: Bologna
 Country: Italy

Work areas

- Legal assistance
- Counselling
- Employment counselling
- Work with drug users
- Work with migrant populations
- Work with MSM
- Work with sex workers
- Work with prison inmates

Other, please specify

Treatment__advisory__and__advocacy_____

NGOs and individual experts which collaborated in the preparation of the questionnaire

Name of NGO or individual expert	Type of work in HIV/AIDS field
Raffaele Lelleri Responsabile nazionale salute di Arcigay	ARCIGAY national organization for the rights of the gay people
Stefano Volpicelli	Trainer and Researcher collaborator of Aids and Mobility
MIT Movimento Identità Transessuale	National organization for the rights of the transsexual people

General

In general, how often do you encounter human rights violations associated to HIV?

0	1	2	3 x	4
Never	Rarely	Sometimes	Often	Normally

Would you scale the gravity of such violations? (please consider the most severe ones you encounter)

1	2 x	3	4
Slight	Moderate	Severe	Life threatening

1. Are you aware of any specific laws and regulations in your country that regard HIV or its transmission, and are in violation of human rights? If yes, which?

No, not there is a specific law on the transmission of the hiv that it is in violation of the human rights. The tribunals utilizing some sections of the criminal code of laws for these offences: very harmful personal injuries, murder, attempted murder (possibly manslaughter, rather than murder), and the practical consequences of the present legal orientation are:

Sexual transmission of AIDS is widely proved and the eventuality of infection seems more linked to repeated sexual intercourses, more seldom to a single occasional act. However the possibility cannot be ruled out.

The possibility of infection, even at an immeasurable level of probability, achieves a relevant legal value, because the disease is, at the present, potentially fatal.

The Crime Code considers an aggravating circumstance for the crime of *personal injuries* the fact that from the action originates “a disease from which for sure or probably one does not recover” Many first and second degree Courts used to apply this lesser charge, when faced with a behaviour likely to cause infection. The new sentences of *Corte di Cassazione* support the more serious charges of *murder* and *attempted murder*.

Up to date, for cases where victims did not die, the charge was nearly always *personal injuries* (ex Art. 582 of the Criminal Code) with or without aggravating circumstances. From now on the indicted could be more properly charged with voluntary murder (art. 575 C.P.) or, if the will to kill is not there, of involuntary murder, with or without aggravating circumstances.

The criminal behaviour takes place each time that a HIV carrier puts at real danger (even if at undetermined level) of infection another subject, either unaware of - or involuntarily exposed to- the risk.

Some people object that simple HIV positive status (without blown up disease) cannot considered a fatal disease as AIDS, on the contrary it may carry a low effect on the overall health of a person. In such a case the infected person who becomes positive cannot complain of attempted murder or of being affected by incurable disease.

In spite of the opposition of the Associations for the protection of the HIV affected people, which fear excessive criminalization, the prevailing tendency of the justitial system considers the positivity to the virus (even in absence of demonstrable disease) as

Condition of potentially fatal disease. This condition is per se enough, according to various judgments of lesser level (Court of Rome, Nov 13, 1992) and confirmed by the highest Court, to justify the more severe charges.

2. Are you aware of any lawsuits related to HIV and human rights in your county? If yes, please provide short description of the main ones (important information includes: year, who were the suing and sued parts suited, what was the object of the lawsuit, outcome and affects on lives of people involved, was there a discriminative use of laws and regulations)

Some recent verdicts of the *Corte di Cassazione* (Note: The highest step of the Italian judiciary system) in matter of risk of infection from AIDS have enforced what was said from many voices, on the bases of juridical opinions and court sentences, so far limited to the judges of the two lower courts (Note: The two lower courts give sentences based on the facts, the *Corte di Cassazione* judges the juridical aspects of the trials).

Paramount was, in the above context, the case held in the first degree at the Court of Cremona, where, on the 14th of October, 1999, a husband was judged guilty of murder an AIDS affected husband. The man, well aware of his status of AIDS carrier, did not disclosed his condition to his wife and prevented some informed people from telling her, as well.

For this reasons, after the wife was infected and eventually died of the disease, the husband was at first accused of voluntary murder, later on reduced to the lesser charge of aggravated involuntary murder. The judges thought that the man acted more out of ignorance and poor intelligence rather than with malicious will of killing.

The husband was given a 14 years jail sentence and the judges pointed out: *An unsafe sexual behaviour by a HIV carrier is absolutely enough to put the life of the partner at risk.* The case recently went under *Cassazione* trial and the highest court accepted the sentence of the lower courts excluding the will to kill. But it also hinted the possibility of introducing a specific law punishing AIDS transmission, possibly adapting and modifying the cancelled article 554 of the Criminal Code, dealing with syphilis and gonorrhea infection transmitted among partners.

Another important trial ended with the verdict issued by the Court of Ravenna, on May the 3rd, 1999. It concerned an AIDS affected prostitute and her “pimp”.

The prostitute, in full knowledge of her disease, had hundreds of unprotected sexual encounters with unaware clients, none of them was identified. The Defense made its point of the absence of proven infection, since none of the woman’s clients was found, to demonstrate the virus transmission. However the Court rejected this point of view and found the prostitute guilty of *attempt to produce extremely severe personal injuries*. The fact that no actual victim was produced did not matter for the identification of the specific crime involved, because, out of doubt, the behaviour of the woman had all the potentiality of being of damage to the clients. It was established by the Court that the woman was used to carry out unprotected sex acts with clients, without informing them of the risk involved.

The Court sentenced that: *it was irrelevant if a single sexual act carried high or low risk of infection, because, since it is proved that sexual intercourses are one of the way of transmission of the infection, the behaviour of the accused woman was however dangerous and she was capable of transmitting the virus.* In the end the woman was sentenced guilty of *attempt to produce extremely severe personal injuries* and not of attempted murder in consideration of the fact that no actual infection was proved to have taken place, only the possibility of it.

With judgment n. 9541/2000 (*Cass. Pen. Sez. I*) ended the following case. A drug addict was found to be carrying 12 doses of heroin for sale by police agents. The drug addict, while was searched, split his own HIV infected blood obtained from self inflicted wounds on the agents, threatening

them. He was already found guilty by the 2 lower courts and the *Corte di Cassazione*, indeed for the first time, pronounced him guilty of a more serious crime: attempted murder instead of serious injuries. It is not relevant that actual infection and therefore the disease did not happen. In matter of attempted murder is the potentiality and capability of the action to achieve the result (murder) that must be considered, and not the fact that the murder did not occur by the cause of any intervening factor.

The *Corte di Cassazione* recently ruled on the following case (*Cass. Pen., sez. III, n. 250/2001*). A photographer, while pretending to procure a job to young girls seeking to become actresses, used to submit them to various forms of sexual violence, from “indecent” touching to complete sexual acts. The criminal code sees as an aggravating circumstance if the offender takes advantage of physical or psychological inferiority of the victims. The fact that the girls were hoping for a job was putting them in this status of psychological inferiority. The fact that the indicted was infected with HIV virus was a further aggravation, even if the possibility of infection was only theoretical. *In cases of sexual violence the possibility, even a remote one, of transmitting AIDS constitutes an aggravating circumstance.*

3. Is there any accessible legal counselling for people living with or/and affected by HIV? If yes, by whom is it offered, and how is the access to this counselling possible?

Only some, (not much) NGO has accessible legal counselling with professionals lawyers but often are not internal and in voluntary form (without retribution)

LILA has a advising with a pair of lawyers for persons who need these advising

4. Are there human right organizations which carry out monitoring of human rights of people living with or/and affected by HIV? If yes, please name the main ones and the issues they focus on.

There aren't any specific human right organizations on HIV

5. Are you aware of the position of your country vs. concrete implementation/regulation of existing official commitments in the field of HIV/AIDS, such as UNGASS, Dublin, etc.

There isn't any implementation on commitments in the field of HIV/AIDS, and in ours opinion

Dublino charter or UNGASS program not been taken on consideration or disclosed from the institutions or the press, and much NGO does not know this document.

Prevention

In general, how often do you encounter human rights violations associated to the area of HIV prevention?

0	1	2 x	3	4
Never	Rarely	Sometimes	Often	Normally

Would you scale the gravity of such violations? (please consider the most severe ones you encounter)

1	2 x	3	4
Slight	Moderate	Severe	Life threatening

Please recount shortly some significant examples:

1. In some city MSM often cannot donate the blood
- 2.
- 3.

HIV/AIDS information and campaigns

Are you aware of any of the following human rights violations in your country?

	Frequency (1-5)	Severity (1-4)
Discriminatory and fear based campaigns	5	4
Campaigns giving a negative image to HIV positive persons	5	4
Mendacious or inaccurate information	5	4
Neglect of important segments of the population	5	4

In Italy there are few HIV/AIDS campaigns approximately 1 on 3 years, and nobody is aimed to important segments of the population. Last but not list all damage incomplete information

Please provide some significant examples of human rights violations connected to HIV information and campaigns:

1. We have meant discriminatory the fact that some campaigns they make to seem the persons that do not make safe sex and "take a risk of the infection, like " stupid ".
In Italy all campaigns "say" that all citizen have the information in order not to acquire the virus and therefore who becomes HIV positive is stupid

2. In order to remember that the AIDS still exists and kills, it has been used a beautiful flower that then slowly to become dry and to die. Many PWA and their parents or partners, have felt offenses and afraid why the flower represented PWA people. (2002/3 Ministerial Health campaign on national TV

3.

Harm reduction

Note: in this questionnaire, the term harm reduction, embraces the entire range of services including: peer education, condom distribution, clean needles via special service or pharmacies, substitution treatment and other

Are you aware of any of the following human rights violations in your country?

	Frequency (1-5)	Severity (1-4)
Unavailability of HRD	2	2
Discrimination in access to HRD	2	2
Penalization of drug use	5	4
No harm reduction in prison	5	4

Please provide some significant examples of human rights violations connected to harm reduction for drug users:

1. In Italy they do not exist safe injection room and who lives on the street inject drugs without safety and the possibility to survive in case of overdose
- 2.
- 3.

Prevention of sexual transmission

Are you aware of any of the following human rights violations in your country?

	Frequency (1-5)	Severity (1-4)
No access to female controlled prevention methods	2	3
No access to Prevention of Mother to Child Transmission	1	1
No access to reproductive health services	4	5
Legal impositions on risk behaviour	1	1
Prevention in prison	1	5
Penalization/criminalization of MSM	1	1
Violations connected to sex workers	5	3

Please provide some significant examples of human rights violations connected to prevention of sexual transmission:

1. no access to female condom ,and the male condom are very expensive
- 2.in the prisons not exist possibility to have condom and clean needles
3. access to Prevention of Mother to Child Transmission remain difficult to migrant woman

Testing and counselling

In general, how often do you encounter human rights violations associated to the area of HIV testing and counselling?

0	1	2 x	3	4
Never	Rarely	Sometimes	Often	Normally

Would you scale the gravity of such violations? (please consider the most severe ones you encounter)

1	2 x	3	4
Slight	Moderate	Severe	Life threatening

Are you aware of any of the following human rights violations in your country?

	Frequency (1-5)	Severity (1-4)
Violations of informed consent for testing	2	2
Stigma and discrimination associated with testing	2	2
No access to VCT services		
No referral to health services after testing	1	1
Mandatory testing (i.e. for employment)	3	4
Mandatory testing of specific categories (i.e. prison inmates)	2	2
Violation of confidentiality of results	2	2

Please provide some significant examples of human rights violations connected to HIV testing and counselling:

1. **Mandatory testing (i.e. for employment):** there is empty of legislation in this field in Italy. The law prohibits to the company the mandatory test, but company for the examinations can ask it. People are not obliged to do and give HIV test
2. We know that some company ask HIV test to persons candidates to the assumption and happen that some HIV+ workers are mobbing victim because " potentially " less productive.
- 3.

Living with HIV

In general, how often do you encounter human rights violations vs. people living with HIV/AIDS?

0	1	2	3 x	4
Never	Rarely	Sometimes	Often	Normally

Would you scale the gravity of such violations? (please consider the most severe ones you encounter)

1	2 x	3	4
Slight	Moderate	Severe	Life threatening

Living with HIV

Are you aware of any of the following human rights violations in your country?

	Frequency (1-5)	Severity (1-4)
workplace issues	4	4
Discrimination at school and kindergarten	3	3
Stigma and discrimination from authorities	3	3
Stigma and discrimination from health authorities	4	4
Criminalization of HIV transmission	2	4
Travel and residency restrictions	1	1
Access to social benefits and disability	5	4
Access to credit and/or insurance	2	2
Access to housing (including temporary one)	1	1
Reproductive health issues	4	4
Adoption services	5	4
Confidentiality of HIV status	2	2

Please provide some significant examples of human rights violations connected to living with HIV:

1. we are contacted from old people who look at themselves denied the opportunity to approach the facilitations for the summery vacations or, made still more serious, the shelter in structures for the old-age
2. denied access to the dental cures. For PWA diagnostic test like TAC or RX, or DEXA are fixed in the last appointment of the day
3. frequent violation of the privacy in the public structures because there is insufficient training of the sanitary structures, that they are not prepared at the relationship with PWA

HIV care and treatment

Are you aware of any of the following human rights violations in your country?

	Frequency (1-5)	Severity (1-4)
No access to HIV treatment	1	1
Discrimination from access of certain population groups	1	1
Suboptimal treatment	3	4
Exclusion from medical services (i.e. surgery, dentistry)	4	4
Excessive/abusive pricing of medication	1	1
Coercion about treatment options	1	1
Pressured recruitment into clinical trials	1	1
Clinical trials using sub standard/unjustified treatment regimens	1	1
Clinical trials recruiting subjects with limited liberty	1	1
Violations of informed consent	2	2
Discrimination in access to solid organs transplant	5	4

Please provide some significant examples of human rights violations connected to HIV treatment and care:

1. In Italy there are many differences between the excellence centers and small centers, often in small centers (specially in the south Italy) some more expensive drugs are not found
2. In Italy they have been alone 1 kidney transplant and a pair transplants of liver
- 3.

Women and HIV

In general, how often do you encounter human rights violations vs. women infected with or at risk of HIV?

0	1	2	3 x	4
Never	Rarely	Sometimes	Often	Normally

Would you scale the gravity of such violations? (please consider the most severe ones you encounter)

1	2	3 x	4
Slight	Moderate	Severe	Life threatening

Are you aware of any of the following human rights violations in your country?

	Frequency (1-5)	Severity (1-4)
No access to prevention (condoms and education of biological vulnerability)	5	4
Discrimination from sexual and reproductive health Services	4	4
Stigmatization of HIV positive women	4	4
Insufficient representation in clinical trials	5	4
Age range of women or girls in clinical trials	1	1
No translation of research/Good practice into effective interventions	5	4

Please provide some significant examples of human rights violations connected to women:

1. **There isn't support or information about risk to contract the HIV inside of the family**
- 2.
- 3.

Men who have sex with men and HIV

In general, how often do you encounter human rights violations vs. men who have sex with men infected with or at risk of HIV?

0	1	2 X	3	4
Never	Rarely	Sometimes	Often	Normally

Would you scale the gravity of such violations? (please consider the most severe ones you encounter)

1	2	3 X	4
Slight	Moderate	Severe	Life threatening

Are you aware of any of the following human rights violations in your country?

	Frequency (1-5)	Severity (1-4)
Criminalization of homosexuality	3	2
Stigma and discrimination of men who have sex with men	4	2
No access to prevention (condoms and other interventions)	4	2
Stigmatization of HIV positive men who have sex with men	3	2
Insufficient representation in clinical trials	2	2
No access to HIV-treatment	2	2
No translation of research/Good practice into effective interventions	4	3

Please provide some significant examples of human rights violations connected to men who have sex with men:

1. The professionalism of medical doctors or nurse is devoid in the comparisons of the homosexual thematic, that it comes still too much of frequent dealt moralistic terms, inadequate and, in any case, not-scientific.

La professionalità di molti operatori socio-sanitari è carente nei confronti delle tematiche dell'omosessualità, che viene ancora troppo di frequente trattata in termini moralistici, inadeguati e, in ogni caso, non-scientifici.

I pregiudizi in campo portano ad una presa in carico non di qualità delle persone omosessuali (v. pubblicazione: "Pazienti impreveduti", www.transisters.net/pazientiimpreveduti/html), che risultano quindi invisibili agli occhi dei servizi e non trovano riferimenti di cui fidarsi.

2. The homosexual families are not recognized: they take place themselves therefore varied cases of violation of the human rights when, as an example, to one of the two she comes denied the access to the visit of the partner in hospital.
Is the same about social security or other family opportunity

Le famiglie omosessuali non sono per nulla riconosciute: si verificano pertanto svariati casi di violazione dei diritti umani quando, ad esempio, ad uno dei due viene negato l'accesso alla visita del partner incosciente ricoverato in ospedale.

3. The governmental campaigns of prevention never do not take to references the MSM, than, although they are a group exposed to riskHIV/AIDS, authorities. No specific information about MSM be available from the Health Authority

Le campagne di prevenzione governative non prendono mai a riferimenti gli MSM, che, benché siano un gruppo esposto al rischio HIV/AIDS, risultano pertanto negletti dalle autorità sanitarie competenti. Se non ci fosse il privato sociale attivo in questo campo, nessuna informazione specifica sarebbe disponibile.

Drug users

In general, how often do you encounter human rights violations vs. drug users infected with or at risk of HIV?

0	1	2	3 X	4
Never	Rarely	Sometimes	Often	Normally

Would you scale the gravity of such violations? (please consider the most severe ones you encounter)

1	2	3 X	4
Slight	Moderate	Severe	Life threatening

Are you aware of any of the following human rights violations in your country?

	Frequency (1-5)	Severity (1-4)
Criminalization/penalisation of drug use	5	4
Mandatory drug testing in schools and/or in the workplace	2	2
No access to prevention interventions	3	3
No access to harm reduction interventions	2	3
No access to vaccination (i.e. Hep B vaccination)	5	4
No tailored and culturally sensitive information	3	4
No access to treatment (drug dependence, HIV, TB, Hep C etc.)	2	2

Please provide some significant examples of human rights violations connected to drug users:

1. Abuses from the police (demanded of free performances, violent repression)
2. Suspension of methadone therapy in prisons
- 3.

Mobile populations

Note: in this questionnaire, the term mobile populations includes: internally displaced persons, refugees, migrants, ethnic minorities and mobile groups

In general, how often do you encounter human rights violations vs. mobile populations?

Often

Would you scale the gravity of such violations? (please consider the most severe ones you encounter)

From slight to moderate

Are you aware of any of the following human rights violations in your country?

	Frequency (1-5)	Severity (1-4)
Forced testing	4	3
Entry and residency limitations	5	4
Deportation of HIV positive individuals	2	4
No access to culturally sensitive information	3	2
No access to prevention and testing	2	3
No access to treatment and care	3	4
Coercion about treatment options	4	4

Please provide some significant examples of human rights violations connected to mobile populations:

1. Migrants (especially pregnant women) are commonly tested without their consent all the time they are hospitalized
2. No attention paid to the health status of the illegal migrants expelled
3. In general they are normally stigmatized and discriminated in many fields (work, health, administration etc.)

Individuals with restricted liberty

Note: in this questionnaire, the term individuals with restricted liberty refers to arrested persons and prison inmates (in detention and prisons)

In general, how often do you encounter human rights violations vs. people living with HIV/AIDS?

0	1	2	3	4 x
Never	Rarely	Sometimes	Often	Normally

Would you scale the gravity of such violations? (please consider the most severe ones you encounter)

1	2	3	4 x
Slight	Moderate	Severe	Life threatening

Are you aware of any of the following human rights violations in your country?

	Frequency (1-5)	Severity (1-4)
Mandatory HIV testing	1	1
Breaches of confidentiality of HIV test results	5	4
No access to prevention (of DU or sexual transmission)	5	4
No access to HIV treatment / treatment interruption	5	4

Please provide some significant examples of human rights violations connected to individuals with restricted liberty:

1. A serious problem regards access to drugs and the cures in penitentiaries, many time therapies are interrupted or modified without communication to the prisoners , exclusively in function of the availability of the drug in the pharmacy of the penitentiary.

Un problema particolarmente grave riguarda l'accesso a farmaci e cure in molti penitenziari italiani, nei quali le terapie vengono interrotte o modificate senza che ne sia neppure data comunicazione alla persona interessata, esclusivamente in funzione della disponibilità del farmaco nella farmacia del penitenziario. Tutto questo per la mancata applicazione del Decreto Legislativo del 22 giugno 1999, che stabiliva il trasferimento delle funzioni sanitarie oggi svolte dall'amministrazione penitenziaria al servizio sanitario nazionale.

2. The prisoners that are in the terminal stage of AIDS remain in prison

3.

Sex Workers

In general, how often do you encounter human rights violations vs. sex workers infected with or at risk of HIV?

0	1	2 x	3	4
Never	Rarely	Sometimes	Often	Normally

Would you scale the gravity of such violations? (please consider the most severe ones you encounter)

1	2	3x	4
Slight	Moderate	Severe	Life threatening

Are you aware of any of the following human rights violations in your country?

	Frequency (1-5)	Severity (1-4)
Criminalization/penalisation of sex work	3	3
Stigma and discrimination from society and public authorities	5	4
Mandatory HIV testing and registration	1	1
Mandatory STI testing and registration	1	1
No access to prevention interventions	2	1
No access to harm reduction interventions	2	2
No access to vaccination (i.e. Hep B vaccination)	3	3
No tailored and culturally sensitive information	4	3
No access to treatment (drug dependence, HIV, TB, Hep C etc.)	2	2

Please provide some significant examples of human rights violations connected to sex workers:

1. Psychological and physics violence from the customers (threats, thefts come to blows, demand for performances not protect behind payment of advanced sums of money)
2. Abuses from the police (demanded of free performances, violent repression)
3. Depreciation and marginalization from the public opinion, citizen, establishment

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